## IMPORT CONDITIONS TO ISSUE VETERINARY HEALTH CERTIFICATE

for the temporary admission of registered horses into the Czech Republic for a period of less than 90 days

(This certificate must accompany the consignment. It covers only animals in the same category-registered horses-transported in the same railway wagon, lorry, aircraft or ship and consigned to the same destination. It must be completed on the date of loading and all time limits referred to expire on that date).

A diagram of the horse (silhouette) must be completed and accompany this document.

|   |                |                | No. of certificate                                     |
|---|----------------|----------------|--|
| Country of dispatch: USA                        |                |                |  |
| Ministry responsible: USDA, A                   | PHIS           |                |  |
| Competent veterinary service:                   | VS (State)     |                |  |
| Reference to accompanying welfare certification | ficate:        |                |  |
| I. Identification of the animal                 |                |                |  |
| Name of the horse Breed                         | Age            | Sex            | Color  |
|   |                |                |  |
|   |                |                |  |
| II. Origin and destination of the anim          | nal            |                |  |
| The animal is to be sent from: (c.              |                | ace of export) |  |
| through/direct                                  | ly to the Czec | h Republic     |  |
| on foot/by railway wagon/lorry/aircraft/sl      | <b>1</b> , ,   |                |  |
|   |                | · ·            | port and registration marks, red name, as appropriate) |

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| (Valid Only if the USDA Veterinary     |
| Seal Appears Over the Certificate No.) |

| Name and address of consignor: |  |  |  |
|--------------------------------|--|--|--|
| Name                           | and address of consignee:  |  |  |
| III.                           | Health Information   |  |  |
|                                | undersigned official veterinarian, certify that the animal described above meets the following ements:   |  |  |
| a)                             | it comes from a country where the following diseases are compulsory notifiable: African horse sickness, dourine, glanders, equine encephalomyelitis (of all types including VEE), Infectious anemia, vesicular stomatitis, rabies, anthrax;  |  |  |
| b)                             | it has been examined today, shows no clinical sign of disease. Is able to be transported to the place of destination and to the best of my knowledge, it has not during the 15 days prior to this declaration been in contact with equidae suffering from an infectious or contagious disease; |  |  |
| c)                             | it comes from a holding situated in the center of a region with a perimeter of 30 km in which during the last 6 months no Venezuelan equine encephalomyelitis, dourine, glanders and horse vesicular stomatitis have been reported;  |  |  |
| d)                             | it does not come from the territory infected with African horse sickness;  |  |  |
| e)                             | it shows no clinical signs of contagious equine metritis (CEM) and had no contact indirectly or directly through coitus with equidae infected or suspected from CEM;   |  |  |
| f)                             | within the last 30 days prior to export it has been serologically tested with negative result for;   |  |  |
| -infect                        | ious anaemia (Coggins test) on:  |  |  |
| -gland                         | ers (complement fixation test at a dilution 1:10) on:  |  |  |
| -douri                         | ne (complement fixation test at dilution 1:10) on:   |  |  |

IV. The said animal has been vaccinated in the period of at least 10 days preceding exportation against:

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| a) equ | ine influenza  | on:  |
|--------|--|--|
| name   | and kind of vaccine:                                 |  |
| b) equ | ine rhinopneumonitis                                 | on:  |
| name   | and kind of vaccine:                                 |  |
| V.     | disinfected in compliance                            | a vehicle suitable for transport of horses, which is cleaned and<br>with international veterinary-sanitary requirements and is<br>that droppings, litter or food cannot fall down during |
| VI.    | The certificate is valid for for the time of voyage. | 10 days. In the case of transport by ship the time is prolonged  |
| Place: |  | Signature of USDA accredited veterinarian  |
| 0      |  | Signature of OSD/Y accredited vetermarian  |
| On:    |  | Name in capital letters  |
| St     | amp(4)   | Signature of Official Veterinarian (4)   |
|        |  | Name in capital letters, qualification and title   |
| DECL   | ARATION  |  |
| I, the | undersigned  |  |
|        | Name of the ow                                       | ner or representative of the animal described above  |
|        |  |  |
| declar | e:   |  |

1. The animal is able to be transported and will be sent directly from the premises of dispatch to the premises of destination without coming into contact with other equidae not of the same health status.

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| 2  | The enimal   | during ita | tomporory eta | win the | Czach Da  | public will | not be used | for broading  |
|----|--------------|------------|---------------|---------|-----------|-------------|-------------|---------------|
| ∠. | THE allillar | during its | temporary sta | y m me  | CZECII KE | public will | not be used | for breeding. |

| 3. | The total period of residence on the territory of the Czech Republic must not be more than |
|----|--|
|    | 90 days.   |

| Place, date | Signature |
|-------------|-----------|

- (1) In the case of registered horses, tests carried out, their results and vaccination have to be entered in the identification document (passport).
- (2) For all tests the laboratory certificates must be attached and accompany the animal into the Czech Republic.
- (3) Delete as appropriate
- (4) The color of stamp and signature must be different to that of the printing.

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## Import conditions to issue veterinary health certificate for breeding and production equine animals into the Czech Republic

This certificate must accompany the consignment. It covers only animals in the same category, registered horses, transported in the same railway wagon, lorry, aircraft or ship and consinged to the same destination. It must be completed on the date of loading and all time limits referred to expire on that date).

|  |                                  |                                     |                | No. of   | certificate                                       |
|--|----------------------------------|-------------------------------------|----------------|----------|---|
| Country of dispatch<br>Ministry responsible<br>Competent veterinar<br>Reference to accomp<br>A silhouette of the h | :<br>ry service:<br>panying welf | USDA/APHI<br>VS (Stare certificate: | S<br>ate)      |          | <u> </u>  |
| I. Identification of th  | ne animal                        |                                     |                |          |   |
| Name of the horse  | Breed                            | Age<br>—                            | Sex            | Color    |   |
|  | <u> </u>                         | _                                   |                | <u> </u> |   |
| II. Origin and destin  | ation of the a                   | nimal                               |                |          |   |
| The animal is to be  | sent from:                       |                                     |                |          | (country and place of export)                     |
| through(cour   | ntries)                          | _/directly to tl                    | ne Czech Repul | blic     |   |
| on foot/by railway/lo  | orry/aircraft/s                  | ship(4)                             |                |          | (Indica<br>te<br>means<br>of<br>transpo<br>rt and |

| Health Certificate No                |    |
|--------------------------------------|----|
| (Valid Only if the USDA Veterinary   |    |
| Seal Appears Over the Certificate No | .) |

registra tion marks, flight number or register ed name, as approp riate)

| Name and address of consignor: |  |
|--------------------------------|--|
| Name and address of consignee: |  |

## III. Health Information

- a) it comes from a country where the following diseases are compulsory notifiable: African horse sickness, dourine, glanders, equine encephalomyelidis (of all types including VEE), infectious anaemia, vesicular stomatitis, rabies, anthrax;
- b) it has been kept in the country of origin for at least 6 months preceding the present exportation, and of this time at least 3 months at the same premises;
- c) it has been examined today and shows no clinical sign of disease and is able to be transported to the place of destination and to the best of my knowledge, it has not been in contact with equidae suffering from an infectious or contagious disease during the 15 days prior to this declaration;
- d) it is not an animal which is to be destroyed under a national contagious or infectious disease eradication program;
- e) it comes from the holding situated in the center of a region with a perimeter of 30 km in which during the last six months no venezuelan equine encephalomyelitis, dourine, glanders and horse vesicular stomatitis have been reported;
- f) in the case of breeding horses no outbreak of equine viral arteritis (EVA) has been officially reported during the last six months or

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|  | the animal was tested on a sample of blood taken within 30 days prior to export by virus neutralization test for EVA, with negative result at a dilution 1:4 (1)   |  |  |  |
|--|--|--|--|--|
|  | on   |  |  |  |
|  | g) it does not come from the territory infected with African horse sickness;   |  |  |  |
|  | h) it does not come from the holding which was subject to prohibition for animal health reasons of equine encephalomyelitis, infectious anaemia, vesicular stomatitis, rabies or anthrax and had no contact with equidae from a holding which was subject to prohibition for animal health reason.                 |  |  |  |
|  | i) it shows no clinical signs of contagious equine metritis (CEM) and does not come from a holding where there has been any suspicion of CEM during the past two months or had no contact indirectly or directly through coitus with equidae infected or suspected from CEM;                                       |  |  |  |
|  | j) breeding animals (except for foals and yearlings) were twice tested with an interval of at least 14 days, the last within 30 days prior to exportation, Bakteriological specimens were taken and cultured negative for contagious equine metritis (CEM) in approved laboratory (not necessary for geldings) (1) |  |  |  |
|  | onand on   |  |  |  |
|  | k) within the last 30 days prior to export it has been serologically tested with negative result for (2):  |  |  |  |
|  | - Coggins test for infectious anaemia on   |  |  |  |
| - a complement fixation test for glanders at a dilution of 1:10 on |  |  |  |  |
|  | - a complement fixation test for dourine at a dilution of 1:10 (except for geldings) on  |  |  |  |
| 7. The<br>gainst   | e said animal has been vaccinated in the period of at least 10 days preceding the exportation at (1):  |  |  |  |
|  | a) equine influenza on name and kind of vaccine:   |  |  |  |
|  | b) other infectious diseases onname and kind of vaccine:   |  |  |  |

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| disinfected in compliance                             | at in a vehicle suitable for transport of horses, which is cleaned and with international veterinary-sanitary requirements and is constructed in s, litter or food cannot fall down during transportation. |
|---|--|
| VI. This certificate is vali<br>the time of voyage.   | d for 10 days. In the case of transport by ship the time is prolonged for  |
| Place:  | G. CHODA II. II.   |
|   | Signature of USDA accredited issuing veterinarian  |
| On:   | Printed name of USDA accredited issuing veterinarian   |
|   |  |
| (5) Stamp   | Signature of Official Veterinarain (5)   |
|   | Signature of Official Vetermarani (3)  |
|   | Name in capital letters, qualification and title   |
| I, the undersigned Name of                            | of the owner or representative of the animal described above   |
| declare:  | •  |
|   | t directly from the premises of dispatch to the premises of destination act with any other equidae of a different health status.   |
| 2. The animal has either resince birth or entered the | emained in(exporting country) exporting country at least 90 days prior to this declaration.  |
| 3. The animal is able to b                            | e transported to the place of destination.   |
| Place, date   | Signature  |

(1) In the case of breeding and production horses, test carried out, their results and vaccination have to be entered in the identification document (passport).

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| (Valid Only if the USDA Veterinary   |     |
| Seal Appears Over the Certificate No | o.) |

- (2) For all tests the laboratory certificates must be attached and accompany the animal into the Czech Republic.
- (3) For Belarus, Estonia, Latvia, Liuthuania, Russia and Ukraine the laboratory tests must be carried out by a laboratory approved by the state of destination. The tests results, certified by the laboratory, have to be attached to the animal health certificate accompanying the animal.